

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>AGAPE HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4904 7TH STREET NE WASHINGTON, DC 20017</b>		
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R 000	Initial Comments  An annual licensure survey was conducted on March 1, 2011 through March 2, 2011 to determine compliance with the Assisted Living Law " DC Code § 44-101.01 " The following deficiencies were based on record reviews and interviews. The sample sizes were three (3) resident records based on a census of five(5) residents and five (5) employee records based on a census of six (6) employees. The facility was found to be in substantial compliance at the time of this inspection.	R 000	<p><i>Received 4/20/11</i></p> <p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
R 455	Sec. 603a1c Financial Agreements  (C) The coordinating and contracting for services not covered by the resident agreement; and Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure coordinating and contracting for services not covered by the resident agreement for two (2) of the three (3) residents included in the sample. (Residents #2 and #3)  The findings include:  1. Review of the resident's record on March 2, 2011 beginning at approximately 9:00 a.m. revealed a Plan of Care (POC) from a Home Care Agency (HCA) that reflected skilled nursing services and Personal Care Services (PCS) from December 24, 2010 through February 1, 2011. Interview with the Administrator on March 2, 2011 at approximately 11:28 a.m., revealed Resident #2 was a diabetic and had a physician's order to be rendered by a Home Health Aide (HHA) been ordered skilled nursing services and personal care services. The POC ordered skilled nursing services for two (2) to three (3) times a week for	R 455		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

0099

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If continuation sheet 1 of 7

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R 455	<p>Continued From page 1</p> <p>nine (9) weeks; and Personal Care Services (PCA) for eight (8) hours a day, seven (7) days a week for nine (9) weeks.</p> <p>Interview with the Administrator revealed that a HHA and Registered (RN) from Nursing Unlimited Services, Inc. provided services to Resident #2. The Administrator indicated that the HHA who works eight (8) hours a day was also responsible for other resident's care. The Administrator also indicated that Nursing Unlimited and Agape shared employees. Review of HHA personnel records revealed a completed application for employment with Agape.</p> <p>Review of the resident's record disclosed a financial agreement dated November 30, 2010. The above HCA services rendered by the HHA and RN services were not included in the agreement. Also there was not evidence of a contract agreement between Nursing Unlimited Services, Inc. and Agape for staffing services.</p> <p>2. Review of the resident's record on the same day beginning at approximately 10:35 a.m. revealed a Plan of Care (POC) from a Home Care Agency (HCA) that reflected skilled nursing services and Personal Care Services (PCS) from December 24, 2010 through February 21, 2011. Interview with the facility's House Manager/Supervisor on the same day at approximately 11:35 a.m., revealed Resident #3 was hospitalized in December 2010 for approximately one (1) week. The POC ordered skilled nursing services for two (2) to three (3) times a week for nine (9) weeks; and PCS for eight (8) hours seven (7) days a week for nine (9) weeks.</p> <p>Further review of the resident's record disclosed</p>	R 455	<p>After choosing a Home Care Agency of choice, AGAPE requires a copy of the signed consent, indicating services to be provided, frequency of the services and copies of all employee documents that will be servicing the resident.</p> <p>A new tab has been created in all residents folder to include all contracted services. See Attachment #1 Amended Financial Agreement.</p>	

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R 455	Continued From page 2  a financial agreement dated October 30, 2010. The above services rendered by the HCA were not included in the agreement. There was no documented evidence to ensure Resident #3 was not being doubled billed for nursing and personal care services.  During a face to face interview with the administrator on March 2, 2011 beginning at approximately 1:30 p.m., acknowledged that both Residents #2 and #3's financial agreement failed to include coordinating services with a Home Health Care Agency for skilled nursing services and PCA services.	R 455	See TAG # R 455		
R 473	Sec. 604a3 Individualized Service Plans  (3) The ISP shall be written by a healthcare practitioner using information from the assessment. Based on record review, it was revealed that the facility failed to have Individualized Service Plans (ISP's) written by a healthcare practitioner for three (3) of five (5) resident's included in the sample. (Resident's #1 and #2)  The findings include:  1. On March 2, 2011 beginning at approximately 1:52 p.m., a record review of Resident #1's record revealed an ISP dated September 11, 2010. Further review of the ISP revealed there was no documented evidence that the aforementioned ISP had been written by a healthcare practitioner.  At the time of the survey, there was no documented evidence that Resident #1's ISP was written by a healthcare practitioner.	R 473	ISP for residents #1, #2 and #3 have been submitted to the MD/HealthCare Practitioner for signature since last surveyed. <b>See Attachments #2</b>  All ISPS shall be developed and written by Delegated RN/Administrator during the preadmission, admission, 30 days, 6 months and PRN following a change in Health Condition. All ISPS shall be agreed upon by the resident and or guardian and the ALR signed/dated by both parties.  ISP shall be sent to the MD/Healthcare Practitioner to be signed within 24 hours period.	3/8/2011 1 and ongoing	

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R 473	Continued From page 3  2. On March 2, 2011, beginning at approximately 9:22 a.m., a record review of Resident #2's record revealed an ISP dated November 3, 2010. Further review of the ISP revealed there was no documented evidence that the aforementioned ISP had been written by a healthcare practitioner.  At the time of the survey, there was no documented evidence that Resident #2's ISP was written by a healthcare practitioner.  3. On March 2, 2011, beginning at approximately 10:42 a.m., record review of Resident #3's record revealed an ISP dated October 30, 2010. Further review of the ISP revealed there was no documented evidence that the aforementioned ISP had been written by a healthcare practitioner.  At the time of the survey, there was no documented evidence that Resident #3's ISP was written by a healthcare practitioner.	R 473	Delegated RN shall review all residents' charts for incomplete documents every two weeks and monthly as needed. Administrator/RN to follow-up with the MD to assure that all documents are completed with the appropriate signature as indicated.	
R 483	Sec. 604d Individualized Service Plans  (d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR. Based on record review and interview, the facility failed to review one (1) of (2) resident's Individualized Services Plan (ISP) thirty days after	R 483	For resident #1 and #2 the 30 days ISP has been developed and signed by all responsible parties since last surveyed.  Delegated RN shall ensure that residents' charts have updated documents as required. Administrator or Delegated RN shall review all residents' charts for updated documents Q monthly and as needed.  See Attachment #3	3/8/2011 1 and ongoing

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R 483	<p>Continued From page 4</p> <p>admission. (Resident's #1 and #2)</p> <p>The findings include:</p> <p>1. A record review of Resident #1's record on March 2, 2011, at approximately 1:03 p.m., revealed Resident #1 was admitted into the residence September 11, 2010. Further review of the record revealed an ISP dated September 11, 2010. There was no documented evidence that the ISP had been reviewed in thirty (30) days which would have been in October 2010.</p> <p>During a face to face interview with the Assistant Living Administrator on March 1, 2011, at approximately 1:24 p.m. revealed that she recalled completing a thirty (30) day ISP, however, at the time of the survey, the ISP was not made available for review. The finding was acknowledged at approximately 1:30 p.m.</p> <p>2. A review of Resident #2's record on March 2, 2011, at approximately 9:22 a.m., revealed Resident #2 was admitted on November 30, 2010. Further review of the record revealed an ISP dated November 30, 2010. There was no documented evidence that the ISP had been reviewed in thirty days which would have been in December 2010.</p> <p>During a face to face interview with the Assistant Living Administrator on March 1, 2011, at approximately 1:24 p.m. revealed that she "distinctly remembered completing a thirty (30) day ISP, however, at the time of the survey, the ISP was not made available for review. The finding was acknowledged at approximately 1:30 p.m.</p>	R 483	See TAG # R 483		

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R 595	Continued From page 5	R 595		
R 595	Sec. 701d8 Staffing Standards.  (8) Assure that each employee has a background check pursuant to federal and District law executed at the time of initial employment; Based on staff interview and record review, the Assisting Living Residence (ALR) failed to ensure all staff had a comprehensive background check, covering every jurisdiction in which he/she lived and was employed in the 7-year period prior to their employment, for one (1) of six (6) employee records.  The finding includes:  On March 2, 2011 beginning at approximately 11:00 a.m., review of personnel records revealed Employee #2 was hired on September 14, 2010. Further review of the record revealed a background check had been requested on November 22, 2010, however, at the time of the survey, the ALR failed to ensure Employee #2 had a background check at the time of her initial employment.	R 595	Employee record #2 had an active police clearance, pending Global Investigation Services (GIS) background check at the time of hire. Background check from Global has been obtained for Employee #2 and has been placed in her chart. See attachment #4.  Prior to hire all employee shall obtain a Global police clearance check report as required for employment per Assisting Living Residence (ALR) regulations.  Employee records shall be thoroughly reviewed by the administrator upon hire to confirm that all necessary hiring documents are completed. All employee records shall be review quarterly.	3/15/2011 and ongoing
R 596	Sec. 701d9 Staffing Standards.  (9) Assure that members of the staff appear to be free from apparent signs and symptoms of communicable disease, as documented by a written statement from a healthcare practitioner; Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure staff were free from signs and symptoms of communicable disease and documented by a written healthcare practitioner for one (1) of six (6) employee's personnel records reviewed. (Employee #4)	R 596	At the time of survey employee record #4 was missing page number 2 of 2 of the health certification form that indicated the result of the PPD given to her on October 29, 2010. Employee record #4 chart has been updated. See attachment number 3.	3/8/2011 and ongoing

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R 596	Continued From page 6  The finding includes:  On March 2, 2011 beginning at approximately 1:04 p.m., review of personnel records revealed Employee #4 was hired on December 9, 2010. Further review of the employee's record revealed a Health Certificate dated November 1, 2010. According to the Health Certificate, a PPD was completed on October 29, 2010, however, the results of the PPD was not made part of the personnel record. Also there was no evidence that the physician had cleared Employee #4 free from signs and symptoms of any communicable disease.	R 596	Prior to hire all employee shall have completed medical health certification as required for employment per Assisting Living Residence (ALR) regulations.  Employee records shall be thoroughly reviewed by the administrator upon hire to confirm that all necessary hiring documents are completed. All employee records shall also be review quarterly.		